Image# 28934189551 11/03#2008 00:02

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1.	_	dual, Organization or Corporation	7			
	HUMANE SOC					
	(b) Address (num 519 C St NE					
	(c) City, State and	ZIP Code				
WASHINGTON		DC 20002	FEC Identification Number			
2. Corporate filers only		only	C C90009358			
	Is the filer a qualified nonprofit corporation?					
	Individual filers	only Name of Employer	Occupation			
		N				
4. TYPE OF REPORT (check appropriate boxes):						
	(a) [April 15 Quarterly Report	Notice			
		July 15 Quarterly Report				
		October Quarterly Report				
		January 31 Year-End Report				
	(b) Is this Report an amendment? Yes \(\subseteq \text{No } \(\text{X} \)					
	5. COVE	RING PERIOD: FROM 10 10 10 10 10 10 10 10 10 1				
		THROUGH				
		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	6. TOTA	CONTRIBUTIONS	.00			
			750.70			
	7. TOTA	INDEPENDENT EXPENDITURES	750.78			
	alau nanaltu -fi		sin constitution with as at the			
re	Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.					
T	TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE					
Janet Piateski 11/02/2008						
-	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.					

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

LE 5-E	PAGE 2/3
	

FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee	Date				
Richard Patch	M M / D D / Y Y Y				
Mailing Address		11			
5500 Sherier Place, NW		Amount			
City State	Zip Code	4.50			
Washington DC	20016				
Purpose of Expenditure	Category/	Office Sought: X House State: MI			
Staff Time	Type	House State: MI Senate			
Name of Federal Candidate Supported or Opposed by Expenditu	re.	President District: 09			
Joseph K Knollenberg	Check One: Support X Oppose				
Calendar Year-To-Date Per Election	200707.61	Disbursement For: Primary X General			
for Office Sought	398707.61	Other (specify)			
Full Name (Last, First, Middle Initial) of Payee		Date			
Wayne Pacelle		M M / D D / Y Y Y			
Mailing Address		11 01 2008			
4835 Cordell Avenue		Amount			
Apt 1212 City State	Zip Code	13.79			
Bethesda MD	20814				
Purpose of Expenditure	Category/	Office Sought: X House State: MI			
Staff Time	Type	House Senate			
Name of Federal Candidate Supported or Opposed by Expenditure	re:	President District: 09			
Joseph K Knollenberg		Check One: Support X Oppose			
		Disbursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought	398707.61	2008 — July Cher (specify)			
Full Name (Last, First, Middle Initial) of Payee					
Heather Sullivan	Date				
		1 1 0 1 2 0 0 8			
Mailing Address 10 E. Braddock Rd		Amount			
		64.95			
City State Alexandria VA	Zip Code 22301				
	22301				
Purpose of Expenditure Staff Time	Category/	Office Sought: X House State: MI			
	Type	House Senate District: 09			
Name of Federal Candidate Supported or Opposed by Expenditul Joseph K Knollenberg	re:	President			
3333pri K Kilolioliberg		Check One: Support X Oppose			
Calendar Year-To-Date Per Election		Disbursement For: Primary X General			
for Office Sought	398707.61	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTALof Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(carry total from last page forward to Line 1)					

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES FOR LINE 7 FOR FORM 5 NAME OF FILER (In Full) HUMANE SOCIETY LEGISLATIVE FUND Full Name (Last, First, Middle Initial) of Payee Date Mike Markarian 2008 Mailing Address Amount 1206 Maryland Avenue, NE 21.94 State Zip Code DC 20002 Washington Purpose of Expenditure Office Sought: Category/ Х House State: MI Staff Time Type House Senate District: _09 President Name of Federal Candidate Supported or Opposed by Expenditure: Joseph K Knollenberg Check One: Support X Oppose Disbursement For: X General Primary Calendar Year-To-Date Per Election 398707.61 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Goodwill Printing 3 D 2008 Mailing Address Amount 2000 West Eight Mile Rd 540.60 Zip Code City State Ferndale MΙ 48220 Purpose of Expenditure Office Sought: X House State: MI Category/ Printing Type Senate House District: 09 President Name of Federal Candidate Supported or Opposed by Expenditure: Joseph K Knollenberg Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 398707.61 for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Date Rachel Querry м₁ м 2008 Mailing Address Amount 10740 Lake Edge Ct 105.00 Zip Code City State New Market MD21774 Purpose of Expenditure Office Sought: State: MI Category/ \mathbf{x} House Staff Time Type Senate House District: 09 President Name of Federal Candidate Supported or Opposed by Expenditure: Joseph K Knollenberg Check One: Support X Oppose Disbursement For: Primary General Calendar Year-To-Date Per Election 2008 398707.61 for Office Sought Other (specify) 667.54 (a) SUBTOTAL of Itemized Independent Expenditures ... (b) SUBTOTALof Unitemized Independent Expenditures..... 750.78